Written Statement of

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"Caring for Special Needs during Disasters: What's being done for Vulnerable Populations?"

Before the

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Good Morning Madame Chairwoman, Ranking Member Rogers and distinguished Members of the Subcommittee. Thank you for the opportunity to testify on how a successful approach to preparing vulnerable populations has been accomplished through the Chemical Stockpile Emergency Preparedness program (CSEPP). My name is James Kish, and I serve as the Director of the Technological Hazards Division for the Federal Emergency Management Agency (FEMA). There are two primary elements within my division, CSEPP and the Radiological Emergency Preparedness Program (REPP). Our Division is part of FEMA's National Preparedness Directorate.

CSEPP was created to assist communities to prepare for the unlikely event of an accident involving the U.S. Army's chemical weapons stockpile. Since 1989, FEMA has worked collaboratively with the U.S. Army and our state, local and tribal partners to ensure the communities with a U. S. Army chemical weapons stockpile facility meet a standard of 'maximum protection'[1] for people living and working within areas that could possibly be affected by an accidental chemical agent release.

CSEPP involves all levels of government and community members to develop, resource, test and evaluate the integrated planning essential to the 'maximum protection' mission. FEMA provides both resources and technical assistance. Target resources are delivered to communities and states through cooperative agreements with FEMA. These resources include: technical assistance; training for first responders and hospital personnel; assistance in emergency planning; organizing and conducting drills and exercises to measure preparedness; and sponsoring the development of various preparedness products. In addition, CSEPP funds on-the-ground personnel in these communities to carry out emergency preparedness functions. FEMA works with the U.S. Army to develop budget inputs, and the Army in turn provides the funding necessary to ensure the integrated plans are adequately resourced. This includes resources for cooperative agreements with the states and communities through FEMA's grants management system.

[1] 50 U.S.C. § 1521(c)(1)(A).

There are currently six U.S. Army installations in the United States that store our nation's stockpile of chemical weapons. These stockpiles affect Umatilla, OR; Tooele, UT; Pueblo, CO; Pine Bluff, AR: Anniston, AL; and Blue Grass, KY. CSEPP communities in Newport, Indiana and Aberdeen, Maryland were removed from the program after their stockpiles were safely destroyed.

Today, I would like to specifically discuss FEMA's efforts in Anniston, AL. The Anniston Chemical Activity (ANCA) is located in northeast Alabama, approximately 10 miles west of the City of Anniston. For emergency planning purposes, the communities near the depots are classified as part of an Immediate Response Zone (IRZ) area or Protective Action Zone (PAZ) area[2]. As of the 2000 census, there were approximately 30,000 households in the IRZ and 138,000 in the PAZ. Portions of Calhoun and Talladega counties closest to the depot comprise the Immediate Response Zone. Communities in Cleburne, Clay, Etowah and St. Clair counties also participate in CSEPP as Protective Action Zone areas.

The U.S. Army and FEMA use Integrated Process Teams (IPTs) to bring together all our program stakeholders to identify needs, solve problems and develop products. The IPTs are typically comprised of state, local, and tribal planners, community leaders, and staff from Army and FEMA CSEP Program offices. At each site, a community IPT is established and has representatives from state and local governments, the Army installation and other federal partners. These IPTs have been very successful in developing local solutions to complex emergency preparedness challenges.

FEMA participates in the community IPTs to identify preparedness needs for all residents, including those who may have difficulties in performing a protective action such as sheltering-in-place or evacuation. FEMA works with each community to define "maximum protection" in a way that is appropriate for that community. In Alabama, the community IPT established a quantitative public protection criterion upon which the plans were based.

[2] In general IRZ size is normally out to approx 6.2 miles (10K) and PAZ out to about 20 miles. In Alabama the IRZ is roughly a circular radius of 6.2 to 12.4 miles and PAZ 18 to 30 miles. In all cases the designation of IRZ and PAZ are made based on a range of factors including population density, topography, weather patterns, etc.

The Anniston CSEPP community presented significant challenges because residential neighborhoods are located very close to the chemical stockpile. Because of their proximity to the stockpile, unique preparedness measures had to be developed to meet the community's established protection criteria.

Since 1997, FEMA, the U.S. Army, the State of Alabama, and the participating local governments and agencies have pursued specific emergency planning efforts in the Anniston, AL community to address the concerns of residents with disabilities, access or functional needs, or those who may live in a facility such as an assisted living community or skilled nursing home. FEMA also entered into an Interagency Agreement with the U.S. Army Corps of Engineers to provide enhancements to buildings and homes, reducing the infiltration of outside air that may be harmful during a chemical release. Many of these facilities were identified in the special needs planning project.

Although I am focusing on our efforts in Anniston, I would like to note that FEMA is committed to communicating the positive lessons learned from CSEPP to the greater emergency management community. The software planning tool developed for the Alabama program has been posted as open-source software available for download on the Internet[3]. In addition to the materials on emergency preparedness for people with disabilities and those with access and functional needs, CSEPP develops and shares its training materials and preparedness products using a variety of media[4]. It is routine for CSEPP communities to consult and share information in order to ensure best practices are effectively pushed across the entire CSEPP. As communities in Umatilla, Oregon; Tooele, Utah; Pine Bluff, Arkansas and Anniston, Alabama prepare to close out of the program in the next two years, FEMA is making a concerted effort to capture the positive lessons learned and share them with others. This initiative will not only benefit the remaining CSEPP sites in Kentucky and Colorado, but also emergency management personnel outside the program.

[3] http://sourceforge.net/projects/spc-pop-planner/

[4] https://www.cseppport.net/default.aspx

I should note that the planning project in the Alabama community began 13 years ago using the common terminology at the time and was called the CSEPP Special Needs Population Program. Understanding that efforts are under way to better integrate emergency preparedness for people with disabilities, including updating the terminology used in emergency preparedness, CSEPP is already working with FEMA's Office of Disability Integration and Coordination. As an example of this effort to change our terminology as we modernize our emergency procedures, we are currently in production of a training video called "Emergency Planning for Populations with Access and Functional Needs" that will better enable community officials to develop comprehensive emergency plans that include people with disabilities. Ms. Roth, our Senior Disability Advisor and Director of the Office of Disability Integration and Coordination, has been an integral member of the production team, and we are working closely with her office to ensure that we continue to comply with FEMA's efforts in this area.

The program has had an extensive national impact. The Special Population Planner software application has been downloaded more than 2,300 times. Presentations about this work have been given to the National Organization on Disability, the International Association of Emergency Managers, the Big City Emergency Managers' Forum, the International Chemical Weapons Demilitarization Conference, The National Medical System and many others. Articles on the program's best practices, such as its Geographic Information System features, have been published in leading emergency management journals[5].

The federal statute requires CSEPP to provide "maximum protection" to the public signified the seriousness of the challenge. Programmatic guidance emphasized that people with disabilities, people without vehicles for evacuation, and unattended children who might need assistance during an incident were entitled to equal, that is to say, 'maximum protection'[6]. The chemical weapons agent hazard posed unique risks to nearby communities, and created the need for this program. Before chemical agent demilitarization began

[5] See,e.g.,Journal of Emergency Management, Vol.3, No.4, July/August 2005
[6] CSEPP Planning Guidance, Federal Emergency Management Agency, revised June 2008

reducing the threat in Alabama in August 2003, some area residents would have had less than an hour to take protective actions.

In response, officials of the six Alabama CSEPP counties began meeting in 1997 with their colleagues from the Alabama Emergency Management Agency, FEMA, and the U.S. Army to ensure that this standard would be met. The group recognized that the extreme nature of the hazard would effectively prevent emergency responders from entering the threatened area. The participants collectively decided instead to invest their resources in maximizing personal preparedness to increase self-sufficiency.

The program that emerged over the next several years developed new methods to integrate with the preparedness initiatives being developed simultaneously for the entire community. Using a protective action strategy that includes both sheltering-in-place and evacuation, all area residents were offered specialized protective equipment and one-on-one training in its use during emergencies. For example, tone alert radios were distributed door-to-door throughout the six-county area to maximize immediate public alerting of any emergency, along with training in how to shelter–in-place in case an airborne agent plume prevents evacuation.

The same approach was adopted to enhance preparedness for people with disabilities, people without vehicles for evacuation, and unattended children who might need assistance during an incident. The Alabama CSEPP community understood that achieving universal preparedness required a more intensive effort to accommodate this portion of the community. Recognizing the difficulties inherent in developing and maintaining emergency registries, the decision was made to build such a database as part of a comprehensive system to improving preparedness. Over the course of the program, some 35,000 people have voluntarily enrolled.

The system was developed by a team that included Argonne National Laboratory, Metro Services, L.L.C., the University of Alabama at Birmingham, and Jacksonville State University. Working closely with the Alabama CSEPP community, they:

- conducted initial and follow-up efforts to invite people to self identify;
- geo-coded the area's road network for the first time so that planning could include spatial elements;
- developed a geographic information system (GIS) emergency planning software application designed specifically for the purpose of geo-locating data about people and such facilities as schools, licensed day care centers, and nursing homes;
- identified methods to adapt and enhance CSEPP protective equipment for supporting preparedness among people with disabilities;
- established and continue to maintain a system for remaining in contact with those who desire it by mail, telephone, and Teletypewriter-Telecommunications device for the deaf; and
- continue to deliver extensive preparedness training to people with disabilities, their caregivers, people without vehicles for evacuation, and parents of unattended children who might need assistance during a chemical emergency.

Involvement of people with disabilities was established early in the process. Workshops were held with community-based organizations to learn of their activities and build bridges. Tests of protective equipment included people with disabilities, and their input resulted in added options. For example, the array of materials distributed in shelter-in-place kits for sealing safe rooms was expanded to include materials that senior citizens – who had participated in local tests – preferred over the usual duct tape and plastic sheeting.

Together, these elements enabled focus to be brought on meeting individual medical and functional needs in advance of danger. For example, in addition to tone alert radios and shelter-in-place kits, portable room air cleaners were offered to all residents of communities immediately adjacent to the stockpile. The purpose of the air cleaners is to capture chemical agent vapor that could infiltrate homes and become a threat if residents were instructed to shelter in place following an incident. These 39-pound devices were to be picked up from a central facility so that training could be provided in a cost effective manner. However, those who registered could have their air cleaners delivered to their homes and receive training there if needed due to mobility disabilities, and bedside remote on/off switches were added for

those individuals. Lights to indicate whether the device is running were added to accommodate the hard-of-hearing. Home visits were planned for times when caregivers could be present so that they could learn how to use these devices at the same time as their family members or patients.

This system has fostered continuity and relationship-building within the community. Organizations involved included volunteer emergency rescue squads, the American Red Cross, chambers of commerce and faith-based organizations. A regular cycle was developed for conducting an annual pre-enrollment public information campaign, inviting people to enroll, clarifying the information they or their caregivers provided, and offering assistance and training. This consistent presence is reinforced by ongoing community and caregiver training offerings, video orientation materials, and an informational website. Personal contact by telephone or TTY-TDD between program staff and those who enroll has helped to build strong relationships with those who request assistance.

The Alabama CSEPP demonstrates that with robust public outreach efforts and consistent messages, preparedness can be enhanced by including all populations in the planning effort. Such programs help all residents become more self-sufficient, thus producing a more resilient community.

During the 20-year history of CSEPP, many innovations have been developed, planned and implemented. Furthermore, these innovations have led to improvements across the field: for example, the CSEPP exercise methodology was used as the basis for the Homeland Security Exercise and Evaluation Program. These best practices and lessons learned are being shared with all the CSEPP sites, as well as with other emergency management agencies that may benefit from CSEPP's experience. The increased capability of local officials in Anniston and the other CSEPP sites to protect the public will remain a CSEPP legacy long after the stockpile is successfully destroyed and CSEPP's mission ends. Self-sufficiency is sustained through regular and open contact between emergency management personnel and people with disabilities. The Alabama project is yet another

example of CSEPP's collaborative efforts that can be used to benefit emergency managers throughout the country.

Thank you for the opportunity to testify before the Subcommittee today. I would be pleased to answer any questions that you may have.